

Limited Liability Company Information

Must be filed with a Business License Application (or upon request)

Type of license(s) requested. C	Check all that	apply:	☐ Liq	uor [☐ Lot	tery	☐ Deal	er/Manufacturer	(Vehicles)	
A LLC information LLCs	must be regi	istered v	with the \	Nashing	gton S	ecreta	y of State			
Name of LLC							Telephone number			
LLC mailing address Street or route, PO bo	ox, city, state, zip co	rode					-			
UBI number If known	Date	Date of formation					State of for	State of formation		
B LLC members/manage	ers and spo	ouses					<u>'</u>			
Name	Address/telephone number					Birthdate		Social Security number	% or units owned	
1st member/manager										
Spouse of above										
2nd member/manager										
Spouse of above										
3rd member/manager										
Spouse of above										
4th member/manager										
Spouse of above										
	Please attacl	h additio	onal shee	ts if nec	essary	y, in sa	me format			
C Certification					_					
The undersigned hereby certification Manufacturer Services, that the cause for denial of the license	e above infori									
Print name of LLC member or manager						Title				
Signature of LLC member or manager						Date				